

PART B - FEE(S) TRANSMITTAL

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21186

7590

08/24/2006

SCHWEGMAN, LUNDBERG, WOESSNER & KLUTH, P.A.
 P.O. BOX 2938
 MINNEAPOLIS, MN 55402



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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

| | |
|-----------------|--------------------|
| <u>W. Solis</u> | (Depositor's name) |
| <u>W. Solis</u> | (Signature) |
| <u>11/14/06</u> | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/758,677 | 01/15/2004 | Michael J. O'Phelan | 11/17/2006 | 107586977 |

TITLE OF INVENTION: FLAT CAPACITOR FOR AN IMPLANTABLE MEDICAL DEVICE

| | |
|------------|------------|
| 01 FC:1501 | 1400.00 OP |
| 02 FC:1504 | 300.00 OP |
| 03 FC:8001 | 3.00 OP |

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | NO | \$1400 | \$300 | \$0 | \$1700 | 11/24/2006 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|------------------|----------|----------------|
| PASCHALL, MARK H | 3742 | 219-535000 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Schwegman, Lundberg,
 2 Woessner, & Kluth, P.A.
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Cardiac Pacemakers, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

St. Paul, Minnesota

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies 1

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- ☒ A check is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-0743 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Peter C. Maki

Date

11/14/06

Typed or printed name Peter C. Maki

Registration No. 42,832

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Michael J. O'Phelan et al.

Title: FLAT CAPACITOR FOR AN IMPLANTABLE MEDICAL DEVICE

Docket No.: 279.234US3

Filed: January 15, 2004

Examiner: Mark H. Paschall

Customer No.: 21186

Serial No.: 10/758,677

Due Date: November 24, 2006

Group Art Unit: 3742

Confirmation No.: 6077

Commissioner for Patents

Attn: MAIL STOP ISSUE FEE

P.O. Box 1450

Alexandria, VA 22313-1450

Notice of Allowance Date:

August 24, 2006

We are transmitting herewith the attached:

- ☒ A check in the amount of \$1400.00 to cover the Large Entity Issue Fee Payment.
- ☒ A check in the amount of \$3.00 to cover the Extra Patent Copies Fee (1 copy).
- ☒ Issue Fee Transmittal (Form PTOL-85).
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Please charge any additional required fees for the Issue Fee Payment or credit overpayment to Deposit Account No. 19-0743.

SCHWEGMAN, LUNDBERG, WOESSNER & KLUTH, P.A.

Customer Number: 21186

By

Peter C. Maki

Reg. No. 42,832

PCM:CMG:kms

CERTIFICATE UNDER 37 CFR 1.8: The undersigned hereby certifies that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to: Commissioner for Patents, Attn - MAIL STOP ISSUE FEE, P.O. Box 1450, Alexandria, VA 22313-1450, on this 14 day of November, 2006.

Name

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